### United States Patent and Trademark Office

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## NOTICE OF ALLOWANCE AND FEE(S) DUE

22249

7590

10/14/2005

LYON & LYON LLP 633 WEST FIFTH STREET SUITE 4700 LOS ANGELES, CA 90071 · EXAMINER

HO, DUC CHI

PAPER NUMBER

ART UNIT

2665

DATE MAILED: 10/14/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|-----------------|-------------|----------------------|---------------------|------------------|--|
| 10/067,430      | 02/05/2002  | Walter L. Glomb      | 271/170             | 7866             |  |

TITLE OF INVENTION: SUPERCONDUCTING PACKET SWITCH

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 01/17/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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(571) 273-2885 or <u>Fax</u>

| appropriate. All further co-<br>indicated unless corrected<br>maintenance fee notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | below or directed otherwise                                                                                                                | smitting the ISSU<br>Patent, advance or<br>in Block I, by (a                                      | E FEE and PUBL<br>ders and notification<br>) specifying a new                                                                                                       | ICATION FEE (if request of maintenance fees correspondence address                                          | uired). Blocks 1 through 5 s<br>will be mailed to the current<br>s; and/or (b) indicating a sep                                                                                                         | hould be completed where correspondence address as arate "FEE ADDRESS" for                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CE ADDRESS (Note: Use Block 1 for 590 10/14/2005                                                                                           | any change of address)                                                                            |                                                                                                                                                                     | Note: A certificate o<br>Fee(s) Transmittal. T<br>papers. Each addition                                     | f mailing can only be used f<br>his certificate cannot be used<br>all paper, such as an assignm<br>te of mailing or transmission.                                                                       | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must                                      |
| LYON & LYON<br>633 WEST FIFTH<br>SUITE 4700<br>LOS ANGELES, O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LLP<br>STREET                                                                                                                              |                                                                                                   |                                                                                                                                                                     | Ce                                                                                                          | ertificate of Mailing or Transmission.  ertificate of Mailing or Transmits  this Fee(s) Transmittal is bein  with sufficient postage for finite  iil Stop ISSUE FEE address  PTO (571) 273-2885, on the | smission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>date indicated below. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                   |                                                                                                                                                                     |                                                                                                             | <del></del>                                                                                                                                                                                             | (Depositor's name)                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                   |                                                                                                                                                                     |                                                                                                             | ·                                                                                                                                                                                                       | (Signature)                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                   |                                                                                                                                                                     |                                                                                                             |                                                                                                                                                                                                         | (Date)                                                                                                                        |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                | I                                                                                                 | FIRST NAMED INVI                                                                                                                                                    | ENTOR                                                                                                       | ATTORNEY DOCKET NO.                                                                                                                                                                                     | CONFIRMATION NO.                                                                                                              |
| 10/067,430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02/05/2002                                                                                                                                 |                                                                                                   | Walter L. Glor                                                                                                                                                      | nb                                                                                                          | 271/170                                                                                                                                                                                                 | 7866                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UPERCONDUCTING PAC                                                                                                                         |                                                                                                   |                                                                                                                                                                     |                                                                                                             |                                                                                                                                                                                                         |                                                                                                                               |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                               | ISSUE FE                                                                                          | EE                                                                                                                                                                  | PUBLICATION FEE                                                                                             | TOTAL FEE(S) DUE                                                                                                                                                                                        | DATE DUE                                                                                                                      |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES                                                                                                                                        | \$700                                                                                             |                                                                                                                                                                     | \$300                                                                                                       | \$1000                                                                                                                                                                                                  | 01/17/2006                                                                                                                    |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IINER                                                                                                                                      | ART UN                                                                                            | IT .                                                                                                                                                                | CLASS-SUBCLASS                                                                                              |                                                                                                                                                                                                         |                                                                                                                               |
| HO, DI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UC СНІ                                                                                                                                     | 2665                                                                                              |                                                                                                                                                                     | 370-401000                                                                                                  | _                                                                                                                                                                                                       |                                                                                                                               |
| CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 137 CFR 3.11. Completion (                                                                                                                 | Correspondence  ation form  of a Customer  E PRINTED ON T  clow, no assignee cof this form is NOT | (1) the names of or agents OR, all (2) the name of registered attorn 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for fili | a single firm (having as<br>ey or agent) and the nar<br>nt attorneys or agents. If<br>will be printed.      | a member a 2 nes of up to f no name is 3  nee is identified below, the d                                                                                                                                | ocument has been filed for                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | assignee category or categor                                                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                                                             | orporation or other private gr                                                                                                                                                                          | oup entity Government                                                                                                         |
| a. The following fee(s) are  Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | enclosed:                                                                                                                                  |                                                                                                   | Payment of Fee(s)                                                                                                                                                   | :<br>amount of the fee(s) is e                                                                              | anlocad                                                                                                                                                                                                 |                                                                                                                               |
| ☐ Publication Fee (No s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mall entity discount permitte                                                                                                              |                                                                                                   |                                                                                                                                                                     | dit card. Form PTO-203                                                                                      |                                                                                                                                                                                                         |                                                                                                                               |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Copies                                                                                                                                     |                                                                                                   | ☐ The Director is                                                                                                                                                   |                                                                                                             | charge the required fee(s) or                                                                                                                                                                           | credit any overpayment, to                                                                                                    |
| a. Applicant claims SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (from status indicated above MALL ENTITY status. See 3                                                                                     | )<br>37 CFR 1.27.                                                                                 | b. Applicant is i                                                                                                                                                   | no longer claiming SMA                                                                                      | LL ENTITY status. See 37 C                                                                                                                                                                              | FR 1.27(g)(2).                                                                                                                |
| The Director of the USPTO NOTE: The Issue Fee and Penterest as shown by the reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | is requested to apply the Issu ublication Fee (if required) words of the United States Pate                                                | e Fee and Publicate vill not be accepted and Trademark (                                          | on Fee (if any) or to<br>from anyone other<br>Office.                                                                                                               | o re-apply any previous<br>than the applicant; a reg                                                        | ly paid issue fee to the applica<br>istered attorney or agent; or the                                                                                                                                   | tion identified above.<br>ne assignee or other party in                                                                       |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                   |                                                                                                                                                                     | Date                                                                                                        |                                                                                                                                                                                                         |                                                                                                                               |
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| his collection of information application. Confidentiali ubmitting the completed aphis form and/or suggestions to 1450. Alexandria Virginal Confidential Confiden | in is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, she is 22313,1450 DO NOT S | 11. The information<br>122 and 37 CFR 1<br>D. Time will vary of<br>ould be sent to the            | is required to obta<br>14. This collection<br>depending upon the<br>Chief Information                                                                               | in or retain a benefit by<br>is estimated to take 12<br>individual case. Any co<br>Officer, U.S. Patent and | the public which is to file (and<br>minutes to complete, including<br>mments on the amount of tin<br>Trademark Office, U.S. Depi                                                                        | by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O.                     |

Box 1450, Alexandria, Virginia 223 Alexandria, Virginia 22313-1450. 1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

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UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION N                            | O. F                  | FILING DATE FIRST NAMED INVENTOR |                         | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|------------------------------------------|-----------------------|----------------------------------|-------------------------|---------------------|------------------|--|
| 10/067,430                               | 10/067,430 02/05/2002 |                                  | Walter L. Glomb         | 271/170             | 7866             |  |
| 22249                                    | 7590                  | 10/14/2005                       | EXAM                    | EXAMINER            |                  |  |
| LYON & LYON LLP<br>633 WEST FIFTH STREET |                       |                                  |                         | HO, DU              | HO, DUC CHI      |  |
| SUITE 4700                               | IF IH SIKE            | EI                               |                         | ART UNIT            | PAPER NUMBER     |  |
| LOS ANGELES, CA 90071                    |                       |                                  | 2665                    |                     |                  |  |
|                                          |                       |                                  | DATE MAILED: 10/14/2003 | 5                   |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 923 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 923 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.